

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

4227 -63-017503  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 23 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN Bonne Terre, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's Hospital		e. STREET ADDRESS (If outside, give location) 720 North Spruce Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last (Type or print) Terry Lynn Compton		4. DATE OF DEATH Month Day Year 4-15-63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-30-61
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		9b. KIND OF BUSINESS OR INDUSTRY none	
10a. FATHER'S NAME Darwin G. Compton		10b. MOTHER'S MAIDEN NAME Dorothy Williams	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		12. SOCIAL SECURITY NO. 754.4	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure DUE TO (b) Endocardial Fibroelastosis DUE TO (c) 754.4		14. NAME OF HUSBAND OR WIFE Brenda Gallo Address 500 S. Kingshighway St. Louis Mo	
15. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		16. PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
17. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		18. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
19. TIME OF INJURY Hour Month, Day, Year		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
23. CITY, TOWN, OR LOCATION Bonne Terre, Mo.		24. COUNTY STATE	
25. I attended the deceased from 4-15-63 to 4-15-63 and last saw him alive on 4-15-63		26. Death occurred at 6:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
27. SIGNATURE (Degree or title) Edward T. Barker M.D.		28. ADDRESS 500 S. Kingshighway	
29. DATE SIGNED 4/15/63		30. STATE (State)	
31. BURIAL, CREMATION, REMOVAL (Specify) Removal		32. DATE 4-16-63	
33. NAME OF CEMETERY OR CREMATORY		34. LOCATION (City, town, or county) Bonne Terre, Mo.	
35. FUNERAL DIRECTOR Boyer Funeral Home, Bonne Terre, Mo.		36. ADDRESS	
37. DATE RECD. BY LOCAL REG. APR 16 1963		38. REGISTRAR'S SIGNATURE Earl Smith M.D.	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

ITEM NO.

84

209412

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address No. Locust, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.